

City of Blairsville
Application for New Water/Sewer Services
(New Meter Set)

Accounting Information

Name:	Name (Secondary)
Service Address:	Mailing Address (if different from service address):
Social Security Number:	Social Security Number (Secondary):
Drivers License Number:	Drivers License Number (Secondary):
Telephone Numbers:	Telephone Numbers (Secondary):
Work:	Work:
Home:	Home:
Cell:	Cell:

Service Information

Service Requested: Water <input type="checkbox"/> Sewer <input type="checkbox"/>	Location (City Limits) Inside <input type="checkbox"/> Outside <input type="checkbox"/>
Residential	Business
Number of People Residing in Household:	Type of Business:
Type of Occupancy: Rent <input type="checkbox"/> Own <input type="checkbox"/>	Number of Employees:

Your Closest Neighbor with City Water and/or Sewer Service:

The following information is requested by the federal government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surnames.

Ethnicity:

- White, not of Hispanic origin
 Hispanic or Latino

Race:

- White
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander

Gender:

- Male
 Female

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov

I hereby agree to provide the City of Blairsville (the "City"), at my expense, any easement(s) necessary for the construction, operation and maintenance of a water/sewer line to my property in a form approved by the City. I understand that the City is not responsible for any service line on my property. I further agree to pay in advance for the cost of extending water/sewer lines to my property, upon approval of this application. Deposit and other applicable fees will be refunded to me by the City if this application is not approved. It is agreed between applicant and City that City shall furnish water for domestic purposes only.

Signature of Applicant	Date
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For Office Use Only

New Account Number Assigned:		Material Costs:	
Water Tap Fee:	Water Impact Fee:	Meter Size:	Large Meter Fee:
Sewer Tap Fee:	Sewer Impact Fee:	Deposit:	Date Set:
Lift Station Fee:	Batch/Trans #:	Date Paid:	Total Paid: